

Unforeseeable Emergency Withdrawal Request-457 Plans

Explanation of Unforeseeable Emergency

The Internal Revenue Service defines an unforeseeable emergency as a severe financial hardship to the participant resulting from a sudden and unexpected illness or accident of the participant or of a dependent of the participant, loss of the participant's property due to casualty, or other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant. The hardship withdrawal will not be processed if any of the following could relieve the hardship condition:

1. Reimbursement or compensation by insurance or other means.
2. Liquidation of the participant's assets, to the extent the liquidation of such assets would not itself cause severe financial hardship.
3. Cessation of deferrals under the plan.

Withdrawals of amounts because of an unforeseeable emergency must only be permitted to the extent reasonably needed to satisfy the emergency need. The amount needed may include amounts necessary to pay federal and state income taxes or penalties resulting from this distribution. You are liable for payment of income taxes on your withdrawal. You may also be subject to tax penalties under the estimated tax payment penalties rules if your payment of estimated tax and withholding are not adequate.

Dependent is defined as follows:

- A son or daughter of the taxpayer, or a descendant of either
- A stepson or stepdaughter of the taxpayer
- A brother, sister, stepbrother, or stepsister of the taxpayer
- The father or mother of the taxpayer, or an ancestor of either
- A stepfather or stepmother of the taxpayer
- A son or daughter of a brother or sister of the taxpayer
- A brother or sister of the father or mother of the taxpayer
- A son-in-law, daughter-in-law, father-in-law, mother-in-law, brother-in-law, or sister-in-law of the taxpayer
- An individual (other than an individual who at any time during the taxable year was the spouse determined without regard to section 7703, of the taxpayer) who, for the taxable year of the taxpayer, has as his principal place of abode the home of the taxpayer and is a member of the taxpayer's household.

The code permits emergency withdrawals only to an extent reasonably needed to satisfy the emergency.

Hartford Life will not process Unforeseeable Emergency Withdrawal Requests in the following circumstances:

- Payment for an elective medical or dental procedure
- Purchase of a home
- Payment of educational expenses
- Automobile repairs
- Situations in which the cessation of plan deferrals would relieve the hardship
- Participant qualifies for and is able to obtain a commercial bank loan (unless borrowing itself would cause a severe financial hardship)

NOTICE OF INCOME TAX WITHHOLDING

The withdrawal you have requested may be subject to Income Tax withholding. Withholding will only apply to that portion of your withdrawal that is subject to Income Tax. You may also be subject to tax penalties under the estimated payment rules if your payments of estimated tax and withholding, if any, are inadequate. If you have any questions concerning this matter, you are advised to consult with your tax advisor.

Unforeseeable Emergency Withdrawal Request - 457 Plans

Overnight Mail Address:
Retirement Plan Service Center
Hartford Life Insurance Company
200 Hopmeadow Street, Simsbury, CT 06089

Mail Address
Retirement Plan Service Center
Hartford Life Insurance Company
PO Box 1583, Hartford, CT 06144-1583



Group Number:	Participant Number:	Social Security Number:
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Employer

Employee Name: Last	First	M.I.
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Mailing Address:

☐ New?

City:	State:	Zip:	Resident State:
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Home Phone:	Work Phone:	Ext:
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A. HARDSHIP DISTRIBUTION REQUEST

I hereby request a withdrawal of contributions from my Deferred Compensation Plan due to an unforeseeable emergency. I certify that the amount requested does not exceed the amount required to satisfy the described emergency. My approximate account value is \$_____. Withdrawal amount requested* \$_____, **OR** ☐ Full amount available.

***When a balance exists in more than one investment option, payment will be made from all investment options pro rata based on existing balances.** Requests for Unforeseeable Emergency Withdrawals are reviewed for good order once each week. The date the request is determined to be in good order is the price date for the withdrawal.

B. TAX WITHHOLDING INFORMATION (Check one box below.)

Federal income tax withholding is not mandatory. However, **unless you elect not to have Federal income tax withheld, income tax withholding will be applied at a rate of 10%.** **NOTE: Gross withdrawals will be processed unless otherwise indicated.**

I elect (CHECK ONE): ☐ NO Federal Income Tax Withholding ☐ 10% Withholding ☐ Additional Withholding Amount \$_____

C. CERTIFICATION

I certify that the Hardship Distribution request is the result of a severe financial hardship resulting from: (Check one or more of the following)

- ☐ 1. Medical expense of participant or dependents not reimbursed or compensated by insurance or otherwise.
- ☐ 2. Sudden and unexpected illness or accident of the participant or dependent of the participant.
- ☐ 3. Loss of the participant's property due to casualty.
- ☐ 4. Other similar extraordinary and unforeseeable circumstances arising as a result of events beyond the control of the participant. Please explain; if more space is needed attach a separate sheet and sign it and include any pertinent documentation; for example copies of non-reimbursable bills.

Initial each of the following statements that are true:

- _____ 1. The hardship cannot be relieved through liquidation of assets including assets of my spouse and minor children, if any, that are reasonably available to me (or the liquidation would itself cause a severe financial hardship).
- _____ 2. The hardship cannot be relieved by canceling my contributions to the Deferred Compensation Plan.
- _____ 3. The hardship cannot be relieved by reimbursement or compensation by insurance or otherwise.
- _____ 4. The hardship cannot be relieved by borrowing funds from commercial sources on reasonable commercial terms (or the borrowing would itself cause a severe financial hardship).
- _____ 5. I applied for and have been denied a commercial loan to meet the financial need. If you have not applied for a commercial loan please explain. _____

D. SIGNATURES

I certify that the above information is true and accurate to the best of my knowledge. I acknowledge and agree that any false or misleading information submitted on this form or any attached form may subject me to tax liability. I understand my check will equal the dollar amount requested less applicable taxes and fees. I also acknowledge that I have read and understand the Notice of Income Tax Withholding Statement, on page 1 and the Full Disclosure Statement, as applicable to my state, located on page 3 of this form. I understand that a contingent deferred sales charge may apply.

Participant Signature _____

Date _____

For Office Use Only:

Date _____

Circle one: A D _____
Plan Manager

Full Disclosure Statement

Arkansas

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

Colorado

"It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Services."

District of Columbia

"WARNING: It is a crime to provide false or misleading information to an insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the applicant."

Florida

"Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree."

Indiana

"A person who knowingly and with intent to defraud an insurer files a statement of claim containing any false, incomplete, or misleading information commits a felony."

Kentucky

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime."

Louisiana

"Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison."

New Hampshire

"Any person who, with a purpose to injure, defraud or deceive any insurance Company, files a statement of claim containing any false, incomplete or misleading information is subject to prosecution and punishment for insurance fraud, as provided in RSA 638:20. However, the lack of such a statement shall not constitute a defense against prosecution under RSA 638:20."

New Jersey

"Any person who knowingly includes any false or misleading information on an application for an insurance policy, or files a statement of claim containing any false or misleading information, is subject to criminal and civil penalties."

Ohio

"Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, is guilty of insurance fraud."

Oklahoma

"WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony."

Pennsylvania

"Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."